NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK

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MRI ROTATION SAFETY QUESTIONNAIRE

DATE _____

Name _____ **EMPLID #:** _____
(last name , first name)

ATTENTION RADIOLOGIC TECHNOLOGY & MEDICAL IMAGING STUDENTS:

The MR room contains a very strong magnet. Before students are allowed to enter, we must know if you have any metal in your body. ***Some metal objects can become projectiles and interfere with the scan. They can even be dangerous.*** *Please answer the following questions carefully and truthfully. This is particularly important with regards to patient and student safety.*

Have you ever had an operation or surgical procedure of any kind? ❒ **Yes** ❒ **No**

Please list all surgical procedures including dates:

_____

_____

_____

1. **PACEMAKER** wires or defibrillator	❒ **Yes**	❒ **No**
2. Brain/aneurysm clip	❒ **Yes**	❒ **No**
3. Ear **IMPLANT** or **HEARING AID** (must be removed **PRIOR TO MRI**)	❒ **Yes**	❒ **No**
4. Infusion pump, or medication pump of any kind	❒ **Yes**	❒ **No**
5. Have you ever been a machinist, welder or metal worker?	❒ **Yes**	❒ **No**
6. Have you ever been hit in the face or eye with a piece of metal *(Including shavings, slivers, bullets or BBs)?*	❒ **Yes**	❒ **No**
7. Have you ever had a piece of metal removed from your eye?	❒ **Yes**	❒ **No**

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING ITEMS IN YOUR BODY:

1. Eye Implant?	❒ Yes	❒ No
2. Electrical stimulator for nerves or bone	❒ Yes	❒ No
3. Bullets, BBs or pellets	❒ Yes	❒ No
4. Metal shrapnel or fragments	❒ Yes	❒ No
5. Magnetic implant (anywhere in the body)	❒ Yes	❒ No
6. Coil, filter, or wire in a blood vessel	❒ Yes	❒ No
7. Artificial limb or joint	❒ Yes	❒ No
8. Eyelid tattoo	❒ Yes	❒ No
9. Implanted catheter or tube	❒ Yes	❒ No
10. Artificial heart valve	❒ Yes	❒ No
11. Penile prosthesis	❒ Yes	❒ No
12. Shunt	❒ Yes	❒ No
13. False teeth, retainers, or magnetic braces	❒ Yes	❒ No
14. Surgical clips, staples, wires, mesh, or sutures	❒ Yes	❒ No
15. Orthopedic hardware (plates, screws, pins, rods, wires)	❒ Yes	❒ No
16. Tissue expander for future implants	❒ Yes	❒ No

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature: _____

Print Name: _____

Date: _____